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ABSTRACT

The visual arts lend themselves naturally to contemplation of self. The purpose of this study is to evaluate the effectiveness of art therapy in increasing self-awareness of participants in an art therapy class are examined. The independent variables under consideration were participation status, university classification, type of instruction, and age. Change in self-awareness as measured by a Personal Orientations Dimensions (POD) inventory is the dependent measure. The sample of 47 students ranged in age from 18 to 59 years. Of the 39 comparisons made, the only significant comparison was for type of instruction and the dependent variable, Mission. This indicated that students who received interpersonal communication instruction had a higher mean Mission score than those who received instruction in psychology of human motives. The results of the study appear to support the following: no association between participation status of university students in an art therapy class and self-awareness; no association between college classification and self-awareness for those participating in an art therapy class; no association between age and self-awareness for those participating in an art therapy class. It is hypothesized that the subjects used in this study were already functioning at a high level of actualizing and thus would show no change in self-awareness. Contains 117 references. (RJM)

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ED 412 464

# ART THERAPY CLAS AND SELF-AWARENESS

being

A Thesis Presented to the Graduate Faculty
of the Fort Hays State University in
Partial Fulfillment of the Requirements for
the Degree of Master of Science

by

Karen D. Beery
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## Graduate Committee Approval

The Graduate Committee of Karen D. Beery hereby approves her thesis as meeting partial fulfillment of the requirement for the Degree of Master of Science.

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Karen (Schueler) Beery

A picture may be worth a thousand words,

but what is more important

is that a picture may express

what the patient lacks words to describe.

(Wolf, Willmuth, & Watkins, 1986, p. 44)

He always wanted to explain things,

but no one cared.

So he drew.

--from a poem written by a high school senior two weeks before he committed suicide

(Levick, 1983, p. 166)

My life has been a mess, so I like my pictures to be tidy.

--from a prisoner

(Liebmann, 1994)

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## Abstract

The visual arts lend themselves naturally to contemplation of, and a more complete and total development of self (McNiff, 1981). The purpose of this study was to evaluate the effectiveness of art therapy in increasing self-awareness using university students enrolled in an art therapy class. The independent variables were: participation status, university classification, and age. Change in self-awareness as measured by a Personal Orientations Dimensions (POD) inventory (Shostrom, 1975) was the dependent measure. The sample consisted of 47 students in an age range of 18 to 59 years, classified as freshmen through graduate students, and enrolled in either Art Therapy, Interpersonal Communication, or Psychology of Human Motives. Three composite null hypotheses were tested at the .05 level of significance, employing a single-factor analysis of covariance.

Of the 39 comparisons made, the comparison for the independent variable type of instruction and the dependent variable Mission was statistically significant at the .05 level, indicating students who received Interpersonal Communication instruction had a statistically higher mean Mission score than those who received instruction in Psychology of Human Motives. The mathematical assumption homogeniaty of regression was met for 38 of the comparisons.

Due to the nature of the data and the size of the sample, 1 of the analysis for homogeniaty of regression could not be completed.

The results of the present study appeared to support the following:

1. no association between participation status of university students in an art therapy class and self-awareness,
2. no association between college classification (sophomore, junior, senior, graduate) and self-awareness for those participating in an art therapy class, and
3. no association between age and self-awareness for those participating in an art therapy class.

# Introduction

## Overview

While Sigmund Freud and Carl Jung sometimes asked patients to paint and draw their dreams (Naumburg, 1966; Robbins & Sibley, 1976; Slegelis, 1987), and a few doctors in the 1970's made an effort to understand the artwork of clients in psychiatric hospitals, it was not until the last 25 years that art therapy became recognized as an effective therapeutic technique for professionals in human services, particularly in the mental health field (Lyddiatt, 1971; Naumburg, 1966). Art therapy is used as a technique for communication and as a way of visually expressing feelings and thoughts. Process, not product, is emphasized and drawings or paintings become a visual expression of inner experiences. It is not only what is depicted that is important, but how it is depicted and talked about that is beneficial within therapy (Dalley, 1984; Landgarten & Lubbers, 1991; Levick, 1983; Moon, 1994).

## History of Art Therapy

Sigmund Freud sometimes asked his patients to paint, particularly dreams that had no form or shape to describe (Robbins & Sibley, 1976). He emphasized that

the unconscious often speaks in images in dreams. Art therapy is frequently effective as a method of treatment because it recognizes that the unconscious, as expressed in a client's fantasies, daydreams and fears, can be projected more immediately in pictures than in words (Naumburg, 1966). Freud's dream interpretation, a technique to explore the unconscious, eventually contributed substantially to the evolution of art therapy techniques (Robbins & Sibley, 1976).

Carl Jung also frequently encouraged the expression of dreams and fantasies in pictures by his clients, and often urged them to draw or paint a vivid dream. He discovered that expressive painting provided a more direct means than words for dealing with unconscious nonverbal experiences in psychotherapy (Naumburg, 1966). Jung considered the process of drawing or painting within a circle to be psychologically healing, especially to the psychotic client, as it provided a safe context for expression. He believed that the mandala, a circular art form, had a calming and centering effect upon the maker or viewer and used them as part of treatment. A simple awareness of his own doodles broadened to a major study of the circular motif and ultimately led to the acceptance of its use in art psychotherapy, while Jung's own personal experience with

the mandala was a catalyst for the formation of many of his theories (Slegelis, 1987).

Before the twentieth century, it had been noticed that some patients in psychiatric hospitals had an urge to express themselves in drawing, painting, writing, modeling or scribbling. However, no importance was given to these desires until the 1870's when a few perceptive doctors made an effort to understand some of the work. In 1938, Adrian Hill described his work with tubercular patients in a sanatorium as art therapy, and since then this phrase has been loosely used to cover all that goes on under the name of art in hospitals (Lyddiatt, 1971).

In the early 1940's, an experimental study of the drawing behavior of adult psychotics was conducted at Columbia University and considered a pioneering effort in arriving at a systematic analysis of the differentiating characteristics of psychotic drawings (Anastasi & Foley, 1944). During this same time period, Margaret Naumburg, a pioneer in the as yet undefined field of art therapy, was doing research in psychodynamically oriented art therapy with behavior-problem children at the New York Psychiatric Institute (McNiff, 1981; Naumburg, 1953). In 1953, Naumburg published a three year study of a college student that she treated by

means of art therapy and also conducted three years of research on the application of art therapy to schizophrenics clients (Naumburg, 1966).

In working with young children in the late 1940's, Alschuler and Hattwick (1969) discovered that long before paintings are recognizable in a realistic sense, they are full of important content of which children themselves are often not aware. Careful and systematic study of these paintings and the creative activity involved could substantiate what was already known of the child, or in some way increase understanding of the child's inner life. Thus, art could reveal the child as a soundly developing youngster or a troubled child in need of special consideration and help. Alschuler and Hattwick also maintained that painting provided varying degrees of release and therapy for young children.

In 1951, Baruch and Miller reported that drawings served as an effective stimulus for release in group therapy. As an unplanned activity after one member mentioned taking drawing lessons, group members started drawing and bringing their products to the sessions. Baruch and Miller explained that the drawings helped toward increasingly deep insights, not only for the individual who produced the pictures, but for other group members as well.

In 1950, Don Jones, a veteran of World War II, was teaching painting classes at the University of Kansas and had a number of psychiatrists and social workers from the Menninger Clinic as students. Jones shared with Dr. Karl Menninger a manuscript and paintings reflecting his wartime experiences, and as a result, was employed as an art therapist at the Menninger Foundation, bringing about the beginning of an art therapy program at that institution (Levick, 1983).

In 1958, the first course on the principles and methods of art therapy was introduced in the Department of Art Education at New York University. Clinical and school psychologists found the course useful in widening the range of their professions, while occupational therapists came to recognize that learning to make case studies with the use of spontaneous art could win them serious recognition from psychiatrists in hospital settings. The use of spontaneous art as an adjunct to other forms of psychotherapy in institutions began expanding (Naumburg, 1966).

Pioneers in the field of art therapy included Margaret Naumberg, Edith Kramer, Hanna Kwiatkowska, Elinor Ulman, and Myra Levick. They often had great difficulty being accepted as serious workers in the

field of psychotherapy (Champernoune, 1971; Robbins & Sibley, 1976). Art therapy became a recognized profession in the 1960's (Wadeson, 1980). Two events were significant in its development at that time, the creation of The American Journal of Art Therapy and the establishment of the American Art Therapy Association (Wadeson, 1980), with the addition later of another journal, The Arts in Psychotherapy (Levick, 1983).

## The Uses of Art Therapy

By 1980, the American Art Therapy Association defined art therapy as a human service profession. Art therapy offers an opportunity to explore personal problems and potentials through verbal and nonverbal expression and to develop physical, emotional, and/or learning skills through therapeutic art experiences (Gantt & Whitman, 1983).

Several writers (Dalley, 1984; Dalley, Rifkind & Terry, 1993) defined art therapy as the use of art and other visual media in a therapeutic or treatment setting. Dalley (1984) and Moon (1994) stressed that, while most art activity can be relaxing, satisfying, and sometimes frustrating, art activity undertaken in therapy has a different purpose. In therapy the person and process become most important and art is used as a means of non-verbal communication. The art activity

provides a concrete rather than verbal medium through which a person can achieve both conscious and unconscious expression and, as such, can be used as a valuable agent for therapeutic change.

According to Levick (1983), art in psychotherapy may be used in an effort to help the individual find a more compatible relationship between his inner and outer worlds. Art becomes a vehicle for self-expression, communication and growth. The art therapist is concerned with the individual's inner experience rather than the product. Process, form, content, and/or associations become important for what each reflects about personality, personality traits and the unconscious (Levick). The drawing process itself is not the sole therapeutic agent. Art is used for communication, as a way of expression personal feelings and thoughts which are discussed afterwards with the therapist in order for the client to gain insight both intellectually and emotionally by connecting the meaning of the picture to his or her own life situation (Dalley, 1984; Dalley, et al, 1993).

Wadeson (1980) reported that reviewing art productions with clients is extremely beneficial in developing new insights. When clients easily forget how things were and how they felt, a series of pictures

provides documentation of significant issues and emotions involved (McNiff, 1981).

Further, it can be rewarding for both therapist and client to look back at pictures completed over a period of time to see if there are any patterns of recurring themes (Liebmann, 1986). Often the client can see pictures created some time ago in a fresh light, and thus bring about new realizations. Landgarten (1981) wrote that the nonverbal aspect of art psychotherapy gives the clients an opportunity to combine the senses of sight and hearing. She maintained that the common tendency of individuals to "tune out" what they prefer not to hear makes this visual image a powerful tool for treatment.

Through the use of graphic expression, those who have problems in speech often begin to verbalize in order to explain their art productions. As clients picture inner experiences, they frequently become more verbally articulate (Naumburg, 1966). Art therapy can be dramatically beneficial for persons whose speech is temporarily or permanently impaired. The nonverbal, visual aspects give the person an opportunity for communication, self-expression and interpersonal exchange which otherwise might not be possible (Landgarten, 1981). Landgarten wrote about her work with a female elective mute in which art therapy was used as a

mode of self-expression and communication, and provided the client a chance to reveal aspects of herself, her fears, desires and fantasies.

Art can be an important avenue of communication and expression for children, especially when words fail (Davis, 1989; Ireland & Brekke, 1980; Liebmann, 1986; Mills, 1991; McNiff, 1981; Oppawsky, 1991; Rubin, 1978; Schaefer & Cangelosi, 1993). Expression through art, in contrast to verbalization, is a less threatening means of communication for children (Kelley, 1984). The child with inadequate language is handicapped in representing thoughts effectively. Even though the capacity for language may be impaired, the capacity for symbolizing may be intact, and the child may be able to represent thoughts nonverbally by drawing them (Silver, 1978). Art therapy enables nonverbal children to express themselves in concrete form. It facilitates the ability of verbal children to talk about feelings by either being able to refer to a finished product or by providing a process which permits the child to visually focus on an activity while sharing feelings (Gantt & Whitman, 1983; D.R. Johnson, 1987). Naumburg (1966) reported that a number of patients who were blocked in speech at the beginning of treatment could create images of dreams and fantasies, make free associations to their pictures, and become more verbally fluent during therapy.

In working with sexually abused children, Kelley (1984) and Sadowski and Loesch (1993) found that drawing pictures related to the traumatic event enabled the children to put their thoughts down on paper before verbalizing them. Children who were previously reluctant to discuss the assaults became more verbal and more willing to share their thoughts and feelings surrounding the abuse. Kramer (1971) added that painful and frightening experiences that once had to be endured passively can be assimilated by actively reliving them on a reduced scale in a drawing. Further, Silver (1978) found that inarticulate children who have difficulty persuading others, or even letting their wishes be known, can be powerful as painters by punishing villains, rewarding heroes, changing painful experiences into pleasant ones, and altering the appearance of objects at will.

McNiff (1981) maintained that the arts provide a vehicle for confronting and working through fears for both children and adults, and found children to be particularly open in dramatizing their nightmares and personal fears through art. McNiff added that in addition to being able to express contradictions of emotion, the arts have the power to clarify and bring emotion into focus. New roles can be tried out and more can be learned about one's impact on others within an

environment that supports confrontation and sharing of feelings.

Art therapy also provides a way in which a client can test various personal hypotheses in a nonthreatening environment (Carnes, 1979; NcNiff, 1981). Howe, Burgess and McCormack (1987) found that drawing represented a nonthreatening, tension-reducing vehicle for communication that was especially useful in their work with an adolescent runaway population. McNiff (1981) explained that one of the great advantages of the arts in therapy is that they allow for the cathartic expression of anger, fear, and painful memories in a less intimidating form. Poems, drawings, dramatic improvisations, and the like are tangible representations that can be discussed with the goal of discovering the motivation for the expression and how it relates to life as a whole. Preliminary dialogue of this kind often brings up issues that arouse feelings, while the artwork supports exchange between therapist and client. When the therapist and client are finding it difficult to relate directly to one another, artwork may provide a bridge between them and give them a safe middle ground where they can be together (McNiff, 1981).

The art experience can allow the expression of unacceptable feelings in an acceptable way, such as helping children project anger or fear indirectly

through symbols. Drawings can enable a child to release energy indirectly rather than repress unwanted feelings or act them out (Silver, 1978). Children consumed by anger can find expression without retaliation (Manning, 1987; Mills, 1991; Schaefer & Cangelosi, 1993; Williams & Wood, 1977), while children faced with death and loss can work through the grieving process (Sourkes, 1991; Zambelli, Clark & Hodgson, 1994). Dalley (1984) reported that art therapy can permit, in fantasy at least, the re-creation of something that is lost or past. Through art work the client can return to a relationship which has broken up, share feelings with someone no longer in touch, and even retract statements that were made and later regretted.

A disturbing scene, such as a serious accident or moment of embarrassment can be reconstructed in art therapy. Clients can re-create cherished moments of early family scenes, or themselves at an earlier age (Dalley, 1984; Kottman & Johnson, 1993). Dalley (1984) stated that with the representation of these past scenes, comes the associated emotion and with the expression of that emotion may come the release of current inhibitions.

Clients can use pictures to represent that which is frightening, such as handling snakes, addressing an audience, or a dream. A client can, in fantasy, be

permitted to indulge in disapproved or forbidden acts, such as making love to or embracing someone who is unavailable. It is quite acceptable to draw wildly crazy things, be totally ridiculous, regress to being infantile, allow incomprehensible nonsense to spill out, make a mess, and give free range to the imagination (Dalley, 1984).

Finally, the pictures may not allude to what was or what is, but to what might be. This could be an impending disaster. Through art therapy a person can draw something they would like to happen, such as a successful outcome, or something they would like to be, such as married with children. Or they can draw themselves as the opposite sex, or taller, thinner, more powerful, or famous (Dalley, 1984).

Art therapy can be used with anorexics (Dalley, 1984; Waller, 1993). Drawings can be used to facilitate personal explorations, to develop an awareness of actual body size and a more realistic self-image, and to aid in the ventilation of anger, depression and fear. Dalley (1984) explained that anorexics constantly see themselves as overweight, when in reality they are often emaciated. Their drawings of human figures frequently acted as indicators of a client's distorted body image, allowing them to confront their preoccupations with self-image and thinness. Activities with these clients

included making life-size models which acted as their "other" selves.

Crowl (1980) examined the art work of patients with anorexia nervosa and saw it as symbolizing three primary areas of conflict: self-image, self-esteem and control. Wolf, Willmuth, and Watkins, (1986) added that a sense of defectiveness and of disturbed self-image is graphically expressed in the art of these clients, which relates directly to a fundamentally impaired self-image and an inability to feel good about themselves. Anorexics find it difficult to recognize and acknowledge their own feelings, and art therapy can be used as a means of stimulating these clients' awareness. Mitchell (1980) contended that art work represents a less threatening and more controlled means of expression to the anorexic client than does verbal therapy. Landgarten (1981), in working with an obese client, also found a distortion in perception of body image and the need for this client to acknowledge her obesity as a first step towards working on the problem of being overweight.

## The Success of Art Therapy

In 1966, Naumburg explained that art therapy could be used for adults, adolescents, and children, and was effective with a variety of behavior disorders. Twenty

years later, Liebmann (1986) stated that art therapy was being used in general psychiatric and day hospitals, probation centers, social services day centers, schools, adolescent units, art therapy colleges, and adult education institutes. By the 1990's, the use of art therapy expanded into hospitals (Breslow, 1993; Waller, 1993), therapeutic nursery schools (Robbins, 1994), prisons (Liebmann, 1994), and elementary school counseling (Cobia & Brazelton, 1994).

Art therapy has been utilized with a number of different populations, including geriatric patients, acute psychiatric patients, mentally handicapped, social work clients, alcoholics, families, children, art therapists, women's groups, retarded populations, people with communication disorders, learning disabled children (Silver & Lavin, 1977), the blind (Rubin, 1978), the deaf (Nickerson & O'Laughlin, 1982), and the culturally diverse (Burt, 1993; Canino & Spurlock, 1994). Several authors found art therapy useful in working with adolescents (Howe et al., 1987; Tibbetts & Stone, 1990), including those with suicidal ideations (Riley, 1987).

Group artwork is particularly useful with adolescents in the area of peer relations. Cooperative art projects are an ideal mode for dealing with the interpersonal aspects of group therapy (Landgarten, 1981; Waller, 1993), and focusing on feelings and

relationships between group members (Dalley, 1984). In community mental health clinics, art therapy is useful as an active and noninterpretive technique with adolescents who are usually reluctant to engage in therapy (Riley, 1987).

Levick (1983) reported that art therapy is useful with individuals manifesting emotional problems resulting from chronic pain and physical illnesses such as chronic kidney disease, cancer, hemophilia, asthma, diabetes, and neurological diseases, including brain injury (Barker & Brunk, 1991). Sessions can be conducted on a one-to-one basis, in small or large groups, and with families. Landgarten (1981) explained that patients who undergo critical physical changes often suffer a loss of self-esteem, and it becomes essential to help the patient deal with and accommodate those changes. There is a need for them to express the feelings of denial, fear, physical impairment, sense of isolation and/or abandonment, and mourning. Art therapy helps make the reintegration of the self image possible. Landgarten continued that it is essential that medically hospitalized children receive an educational and mastery experience, and that art therapy can be a medium for working through the hospital trauma. Barker & Brunk (1991) reported a need for programs such as art therapy that focus on the emotional and socialization needs of

the patient and their families. Silver (1978) noted that with stroke patients and others who are paralyzed and unable to speak, information about adjustment and intellectual functioning, inaccessible through language, may be available through drawings.

David and Sageman (1987) and Bussard and Kleinman (cited in Landgarten & Lubbers, 1991) used art therapy with hospitalized AIDS patients where depression and social isolation are among the most common psychological problems. Given that these patients are generally viewed as social outcasts, they are often predisposed to see themselves as inadequate and deserving of rejection, and an AIDS diagnosis can seem the ultimate confirmation of worthlessness. Art therapy provides a medium for expressing these painful feelings, as well as the fears engendered by increasing helplessness, dependency on others, and the prospect of an early death. Frequent individual sessions with an art therapist and a psychiatrist can help an AIDS patient to feel less isolated. Such supportive interventions helped to bolster a patient's sense of autonomy and his confidence in his ability to cope with illness.

Silver and Lavin (1977) reported that children with learning disabilities showed improvement in cognitive development when taught by graduate students trained in using art procedures, while Dalley (1984) found art

therapy effective for children with Down's Syndrome. Williams and Wood (1977), in using art with handicapped children, found it to be an effective approach in developing awareness and expressing feelings. Breitenbach (1987) offered make-up material to handicapped and disturbed children and encouraged spontaneous face-painting as a means of self-expression. According to Gantt & Whitman (1983) many disturbed retarded children have either poor body images or no concept of their body image. Art therapy can be used to orient such children to reality in terms of body image and spatial relationships. Drawing pictures of people, talking about body parts, and making models of figures help these clients learn about the interrelatedness of body parts (Gantt & Whitman, 1983).

In the ordinary institutional setting, art therapy offers an opportunity to open up a whole new life of images, sensations and feelings to retarded patients who may be shunted into back wards with minimal stimulation and communication (Robbin, 1994; Robbins & Sibley, 1976). Art therapy acts as a means of communication and self-expression, and can re-establish a sense of identity, something easily lost in an institutional setting (Dalley, 1984). For the schizophrenic patient, art therapy often helps in separating fantasy from fact (Levick, 1983; Dalley, 1979, 1980; Robbins, 1994;

Slegelis, 1987), and may help patients connect feelings and thoughts (Levick, 1983). For the schizophrenic client, creation of a picture, rather than the use of words, gives a more open and less threatening space in which to explore thoughts and feelings (Naumburg, 1966; Robbins & Sibley, 1976; Levick, 1983). Landgarten (1981) reported the use of art therapy in psychiatric hospitals to aid patients in focusing on key constructs such as reality, relationships, self-identification of strengths, pathology, and suicidal thoughts. Art also helps in expressing needs and dealing with issues of termination. Naumburg (1966) noted that a number of psychiatrists and analysts have seen that the techniques of art therapy help to release deeply buried material more easily and thereby reduce the length of treatment.

Many authors (Dalley, 1980; Bliss & Wilborn, 1992; Naumburg, 1966; Wadeson, 1975) reported on the effectiveness of art therapy when working with depressed clients. In working on a specialized ward dealing with depression, Wadeson (1975) found that patients became more activated, energized, less isolated, and even discovered that they could enjoy themselves.

Clinical art therapists are playing an expanding role in community mental health, and clinics have found art useful in meeting many needs (Goldstein & Crisafulli, 1994; Pattison, 1969; Riley, 1987, 1994;

Rubin, 1978). There has also been an increase in the use of art, drawing, visualization, and imagery in the counseling field, including work with couples, families, school children of all ages, and the elderly (Allan & Crandall, 1986; Fall, 1994; Johnson, 1987, April; Moon, 1994; Rubin, 1988, Feb). Moon (1994) reported using art therapy breaks down professional barriers, encourages expression and enhances communication.

Within family systems, art therapy can be used for assessment purposes, and to improve family communication by discovering how they function as a unit (Cobia & Brazelton, 1994; Harvey, 1991; Kwiatkowska, 1967; Landgarten, 1981; Lyons, 1993; Riley, 1987). Rubin (1978) applied art therapy techniques in working with single parent families, particularly single mothers. A drawing of the client's life space at the time, including positive and negative elements, was followed by group discussion. Drawings often revealed many aspects of each woman's self-perception. In one case, when a mother disapproved of her child's smearing a large paper with paint, discussion with other group members revealed the irrational aspects of her anger. Having expressed that anger openly with the group for the first time, she was then able to perceive and discuss her own fears of loss of control. Rubin noted that in art therapy sessions with mother and child, each can observe the other's

modes of response to the same situation. A mother may perceive her child in a new light, such as in comparison of the child's behavior in the session with past behavior or with that of his or her peers in the group, and gain new insights into the child's inner life.

Landgarten (1981) and Gladding (1992) reported the effective use of art therapy in marital counseling. Keyes (cited in Slegelis, 1987) encouraged intimate couples to paint a mandala together to gain insight regarding how each functions and feels in relation to the other.

The creative arts therapies have a unique contribution to make to the diagnosis and treatment of victims of psychological trauma who have difficulty expressing their experiences directly and effectively through words. Such individuals include victims of physical and sexual abuse, rape, war, violence, natural disaster, terrorism, and incarceration (Johnson, 1987; Liebman, 1994; Sadowski & Loesch, 1993). Landgarten (1981) wrote that a clinical art therapist can bring a unique dimension to crisis intervention because the art task can serve as a simple means to aid the individual in productively ventilating crisis-related affects of anger, guilt and loss. Interpersonal action on the part of mental health workers can promote healthy crisis-coping. Landgarten found clinical art therapy to be

extremely valuable in aiding the prevention of repression and other nonconstructive coping skills when working with a hospitalized adolescent, with the victims of an earthquake, and with a group whose community was exposed to a shoot-out between the police and the Symbionese Liberation Army. According to Langarten, the basic goal of therapy in such situations is to review, clarify, and explore emotions in order to prevent repression and/or distortion of the experience.

At Cedars-Sinai Thalians Community Mental Health Center in Los Angels, therapists treated past concentration camp or labor camp victims and their children (Landgarten, 1981). In working with children of Holocaust survivors, Landgarten found art therapy to be a means for self-exploration of personality strengths and weaknesses, and self-perception. Client artwork portrayed family roots and led to an awareness of the influences which Holocaust survivors transmit to their children. Seeing the artwork and listening to responses together gave participants a sense of group identity, empathy and insight. Landgarten noted that in each session, some participants mentioned the surprising ease with which they were able to share extremely personal information.

Dalley (1984) and Liebmann (1994) maintained that in working with a prison population, art therapy

releases within the prisoner the ability to pour onto paper the pent-up emotions and deeper images of the unconscious and can aid in exploring the underlying motives or attitudes which caused previous anti-social activities. Prisoners experience a new perception of self and where they belong in society, and special talents can be channeled in positive, creative directions. According to Dalley, art therapy is especially useful for female prisoners who must deal with separation from family and a loss of identity. Art therapy aids these women in releasing tension, aggression, hatred and violence into a meaningful form of expression, and offers a basis for building relationships within the context of prison life.

Art therapy groups have been found to be successful with chemically dependent women in a recovery home (Spring, 1985) and in treating co-dependency (Lawlor, 1992). Naumburg (1966), working with alcoholics, found art therapy offered a very suitable technique for the expression of visual hallucinations. According to Landgarten (1981), group art therapy with this population provides a variety of communication experiences where members can relate and explore their dynamics in relationship to their parents, child, and/or siblings. Slegelis (1987) reported the success of art therapy journals and the use of the mandala in providing

a graphic illustration of group dynamics as well as individual issues. A complete volume of The Arts in Psychotherapy (1990) reported the many uses of the arts in the treatment of substance abuse.

Art therapy with the elderly population, who are often found sitting alone, having minimal interaction with the world, offers an opportunity for a pictorial overview, capturing feelings of loss, separation and disconnection as well as those of joy, love, and accomplishment, while the visualization of a life cycle can produce a good deal of discussion and introspection (Harlan, 1993; Robbins & Sibley, 1976). Harlen (1990) and Katz (1993) advocated the use of art therapy with the mentally retarded elderly as a means of increasing feelings of self-worth and productivity. Landgarten (1981) maintained that art therapy helps the geriatric client recall past pleasant events, experience joy, and deal with feelings of hopelessness.

The visual arts have been relied on throughout history to communicate across languages and cultures, across distance and time, and aid the therapist and patient transcend differences of age, social class, and cultural heritage (Boenheim, 1973; Burt, 1993; Canino & Spurlock, 1994; Silver, 1978). Art therapy was found to be successful mode of communication with minority group children in Los Angeles (Cole, 1966), with American

Indian youth (Burt, 1993; Canino & Spurlock, 1994), and with Hispanic and black children, including members of gangs (Robbins, 1994).

Liebmann (1986) reported that art therapy acquired that name because it developed most widely in the field of mental health. Groups of people other than the mentally ill have ignored this activity because they do not consider themselves "ill". However, art therapy does not have to be confined to those labeled as in need of special help. Workshops are available for those who want to explore themselves and enhance their personal skills and feelings (Liebman, 1986; Turner & Clark-Schock, 1990). Liebmann (1986) reported that normal adults can develop or rediscover a sense of play through art therapy, which can give them a time away from the constraints of living and help renew capacities for dealing with life's problems and opportunities. Naumburg (1966) reported art therapy to be successful with clients who were unhappy and insecure and simply wanted help to find themselves. Weiss (1991) used art therapy with adults experiencing the end of a long-term working relationship to focus on feelings of loss, to review the work history, and to create a positive outlook for the next phase in their careers. Wadeson (1980) taught an art therapy group attended mostly by professionals, tired after a day's work, who found an

enlivening quality in engaging in art expression. Wadeson reported that as educators become more attuned to the development of the whole person, art therapy is finding a place in the education of normal children, where the emphasis is on growth through personal expression rather than the alleviation of "ills" as the term therapy implies.

In the summer of 1978, the Counseling Center at George Washington University in Washington, D.C., became the first such center to offer art therapy as part of its services to the University-at-large (Geller, DePalma, & Daw, 1981). Clients brought to art therapy such concerns as body image, sexual identity, eating disorders, self-esteem, motivation, depression, personal loss, separation from family, and individuation. Many had problems in poor academic work and had trouble talking about themselves, which brought about an art therapy workshop to help students focus on their anxieties about forthcoming final exams and feelings of anxiousness about overwhelming workloads. An art therapy group was formed to help mobilize any interested graduate students stalled in the writing of theses and dissertations. Many requested help with anxiety and depression. Help was provided to a student in mourning the loss of a mother through death, and the center brought art therapy to the aid of students immediately

after a disastrous fire in a university dorm. Overall, the program was considered a success, with a lower drop-out rate among art therapy clients as opposed to clients receiving other therapies (Geller, DePalma, & Daw, 1981).

Becoming Aware of One's Self

The World Book Dictionary described self-awareness as self-realization of the fulfillment, by one's own effort, of the possibilities of development of the self (Barnhart & Barnhart, 1980). Several authors (Bordages, 1989; Franzoi, Davis, and Young, 1985; Jones & Crandall, 1991) reported that self-awareness usually refers to the attempt to understand one's own internal states. Underwood (1982) viewed self-awareness as the state in which people are particularly aware of themselves as objects, attentive to themselves as actors and focused on their own personal characteristics. He added that self-awareness can be viewed as the degree to which one's self-perceptions agree with the way one is perceived by others. Underwood noted that it is generally assumed that an awareness of one's own motives, emotions, and typical patterns of behavior is essential for effective functioning, and that in psychotherapy, self-awareness is presumed to be a significant ingredient in the process of change. According to Underwood, awareness

results from the act of directing attention to any part of the internal or external world.

The adaptive value of accurate self-knowledge has been widely emphasized, particularly by writers concerned about psychological adjustment and emotional well-being. Best selling books emphasize the virtues of becoming more self-aware and in touch with personal feelings (Underwood, 1982). Anderson and Ross (1984) reported that insight and advice concerning the self is offered in paperbacks, magazines, tape cassettes, seminars, and by therapists and gurus. People are urged to accept, improve, transform, or actualize themselves. A complete volume of the Journal of Social Behavior and Personality (1991) discussed the pursuit to become more fully functional and self-actualized.

Fenigstein, Scheier, and Buss (1975) viewed self-awareness as a central concept in several divergent approaches to behavior and life. They reported that in psychoanalysis increased awareness of the self is both a tool and a goal, with self-examination enabling a person to recognize unconscious thoughts, motives, and defenses. The result of increased insight is greater self-awareness. Some approaches to psychotherapy rely largely on assisting clients in gaining insight into the roots of their emotional difficulties and the content of

their forbidden feelings and impulses (Franzoi et al., 1985).

Betensky (1973) reported that all psychological events are anchored in awareness, a conscious psychological experience that owes its rise to interaction between subject and environment. The experience of awareness combines feeling and thinking and can be clearly stated in words. Betensky maintained that awareness is an essential force that can be blocked and unblocked. Awareness or unawareness of body, feelings, thoughts, environment, and social situations can constitute the difference between a well-functioning person and one so profoundly disturbed as to be unable to function. According to Betensky, experience in psychotherapy teaches that people's problems often arise from lack of sufficient awareness and from blocking of all awareness. In a more or less well-functioning life, awareness is always present as an ongoing behavior enabling a person to know his own needs and what choices reality offers.

To attain the goal of increased self-awareness and self-understanding, art activities which explicitly help individuals to define and verbally express specific aspects of their own selfhood are useful. Examples of such include a life-line, which pictorially represents a period of time, and a life-space picture, which defines

the location of the person and significant others and events in life at the present time (Robbins, 1994; Rubin & Levy, 1975).

Another aspect of self-definition is an awareness of one's place in society. Individuals can be asked to represent themselves graphically in relation to others and then interact with other members of the group in order to receive graphic and verbal feedback (Bordages, 1989; Rubin, 1988, Feb.; Rubin & Levy, 1975).

Many writers (Dalley, 1984; Landgarten & Lubbers, 1991; McNiff, 1981; Robbins, 1994; Rubin, 1978; Rubin and Levy, 1975) reported that at some stage in the sessions--in the process of creating the art work, in looking at the product, in discussing it or sharing others' comments--the individual becomes aware of some new and/or familiar aspect of the self. Other writers (Brand, 1987; Capacchione, 1979; Ireland & Brekke, 1980) encouraged journal-keeping, a combination of writing and drawing in diary form, as a means for personal growth. Carl Jung initiated the use of mandalas, a circular art form, in personal journals, and art psychotherapists today often employ the mandala as a basic tool for self-awareness (Slegelis, 1987; Sourkes, 1991). Capacchione (1979) reported that in using writing and drawing to express feelings and thoughts, the goal becomes, not making art of literature, but exploring the self. She

maintained that by starting with self-communication in private, the ability to communicate with others can develop.

Rubin and Levy (1975), developed "Art-Awareness", a method for helping individuals in groups grow toward increased self-awareness, self-understanding, and self-acceptance through art. The encounter between the person and art product, both in the process of making and in the contemplation of, results in enhanced self-awareness and personal growth. The art activity is not viewed as a substitute for talking, but rather as another complementary way of knowing and being, and of expressing ideas for which words do not and cannot work as well (Lyons, 1993; McNiff, 1981; Rubin & Levy, 1975; Tibbetts & Stone, 1990).

In self-awareness groups with teenagers, art therapy can be found more effective than verbal discussion groups (Markus, 1983; Tibbetts & Stone, 1990; Waller, 1993). The use of art by school counselors brings self-reflection to students and encourages cooperation, creativity, and awareness of self and others (Allan, 1987; Cobia & Brazelton, 1994; Rubin, 1988, Feb.). With adolescents, Breitenbach (1987) used creative make-up, a means of self-expression that is normally restricted in our society. Through this artistic medium, individuals and groups can learn a

great deal about who they are, who they would like to be, and how they feel about themselves as well as how they were perceived by other people.

The visual arts lend themselves naturally to contemplation of and a more complete and total development of self (Dalley, Rifkind & Terry, 1993; McNiff, 1981; Pine, 1974; Silver, 1978; Stevens, 1971; Williams & Wood, 1977). Bandura and Mischel (cited in Underwood, 1982) reported that the mental representation of a situation appears to be a more important determinant of behavior than is the objective nature of the situation. There has come to be an increasing acceptance of the idea that people monitor their activities and use mental representations of goals to evaluate their behavior (Underwood, 1982). Carnes (1979) reported that cognitive therapy stresses the capacity to symbolize, think, and to think about thinking. The self is emphasized; the self who experiences, and the self who stands back, observes, and thinks about the experience. Carnes continued that this dual-faceted self is manifested in art therapy; it is the subjective, experiencing self who makes the art work, and the objective, observing self who thinks about the meaning of what has been done. Clients involved in any form of art therapy gain dividends in the realms of mastery, self-esteem, catharsis, and insight as they begin to observe themselves in new

ways and relate those feelings to behavioral choices (Nickerson and O'Laughlin, 1982).

> In art psychotherapy, the task of communicating an expression in paint or in clay involves having to look at it. Indeed, the very act of art expression has to do first with its own maker's perception of it in the very act of the making, and then with his wish and ability to express his rising awareness in words. Thus, art and words interact in art psychotherapy, art most often preceding words, together to comprise an exercise in awareness which attains full clarity in the act of verbal communication. (Betensky, 1973, p. 335)

Summary

According to the literature, attempting to understand one's self is a significant ingredient in the process of change, particularly in the content of counseling and therapy. Awareness of one's feelings, thoughts, body, environment, and social situations constitute a well functioning person, while lack of sufficient awareness often contributes to and creates problems.

The literature indicated that over the last 40 years the use of art therapy to facilitate and increase self-awareness has grown to become a widely accepted technique. However, empirical research related to

increasing self-awareness through the use of art therapy is limited.

## The Research Problem

The purpose of the researcher was to investigate self-awareness of university students enrolled in an art therapy class.

## Rational and Importance of the Research

Helping clients to develop self-awareness, to gain insight into the content of their feelings and thoughts and to be able to express them, is an important component of the counseling process. Art therapy techniques can be useful for counselors to assist clients in increasing self-awareness, that is, to graphically and verbally express aspects of their environment, social situations, and selfhood as a means towards making change. Increasing self-awareness through art therapy techniques can be useful to counselors in many situations, including assessing family functioning, in marital counseling, during crisis intervention, in school settings, and across all cultures.

The research conducted in this study investigated whether a change in self-awareness in university students could be brought about through enrollment in an art therapy class. Increasing self-awareness through art therapy is well documented in the literature in case studies but rarely through empirical research. If an

art therapy class aids in the increase of self-awareness, it could be useful to students in many fields of study outside of art education. Graduate students in counseling and psychology could find such a class experience beneficial for increasing personal insight and awareness, and the methods used in art therapy could be useful in their careers.

Naumburg (1966) and Payne (1993) reported a need for more research into how individuals with various psychological disorders can be aided by the addition of spontaneous art productions to the verbal aspects of therapy. Several authors expressed a need for those in educational settings to establish art therapy programs and to conduct much needed research in the area (Aldridge, 1994; Denny, 1969a; Payne, 1993). There is a need for systematic studies to be conducted on client selection, appropriate management, and results of art counseling. Denny (1969a) reported that such research needs are both demanding and exciting in this field where data are the client's creative, adaptive efforts as well as words and feelings. Several authors (Hodnett,1973; Payne, 1993; Slegelis, 1987) reported a limited amount of scientific research and a need for experimental research in the growing field of art therapy. Hodnett (1973) maintained that other fields such as experimental psychology could be helpful in this

endeavor. Ulman, Kramer and Kwiatkowksa (1978) noted the need for comparative studies to be developed in order to demonstrate the relative effectiveness of various art therapy procedures in particular sets of circumstances.

McNiff (1987) reported that during the 1970's, the growth of the creative arts therapy profession increased dramatically in the areas of clinical practice and training. As a result, higher education in the creative arts therapies responded to expanding interests in clinical practice. McNiff added that the next growth area in the profession should be research and scholarship, serving both clinical practice and higher education. McNiff (1987) and Payne (1993), maintained that statistically-oriented studies are important, and should include comparative studies conducted across specialization on specific themes. Both expressed a need for the creation of a research tradition within the creative arts therapy profession that would encourage variety in its scholarly methods and realms of inquiry, and further the understanding of the theory and practice of art therapy. Both McNiff and Payne maintained that such research, to be useful, must serve the practical needs of this emerging profession, and also attract attention outside the disciplines.

As noted above, a limited amount of scientific research has been reported in the field of art therapy, and there is a need for more. The art therapy literature is made up mainly of case studies. This researcher found few empirical studies on the effectiveness of art therapy, and no empirical studies on increasing self-awareness using art therapy, thus possibly making the present study a first of its kind.

The results of the present study provided information pertaining to the following questions:

1. Is there an association between participation status of university students in an art therapy class, and self-awareness?
2. Is there an association between college classification (freshman, sophomore, junior, senior, graduate) and self-awareness for those participating in an art therapy class?
3. Is there an association between age and self-awareness for those participating in an art therapy class?

## Composite Null Hypotheses

Each hypothesis was tested at the .05 level.

1. The differences among the adjusted post mean Personal Orientation Dimensions scores (with pretest Personal Orientation Dimensions scores

as the covariant measures) for college students according to participation status will not be statistically significant.

2. The differences among the adjusted post mean Personal Orientation Dimensions scores (with pretest Personal Orientation Dimensions scores as the covariant measures) for university students who participated in an art therapy class according to college classification will not be statistically significant.
3. The differences among the adjusted post mean Personal Orientation Dimensions scores (with pretest Personal Orientation Dimensions scores as the covariant measures) for college students who participated in an art therapy class according to age will not be statistically significant.

## Independent Variables and Rationale

The following independent variables were investigated: participation status, college classification, and age. These variables were selected because of lack of information found in the literature.

## Definition of Variables

### Independent Variables

All independent variables were self-reported. The following independent variables were investigated:

1. participation status - 3 levels
   level one, participation in an art therapy class,
   level two, participation in an interpersonal communication class, and
   level three, participation in psychology class,
2. college classification - levels determined post hoc,
   level one, sophomore, junior,
   level two, senior, and
   level three, graduate, and
3. age - levels determined post hoc,
   level one, 21 years or younger,
   level two, 22 - 29 years, and
   level three, 30 years and older.

### Dependent Variables

Scores from the following scales of the Personal Orientation Dimensions inventory were used as dependent variables:

1. Time Orientation (20 items),
2. Core Centeredness (20 items),

3. Strength (20 items),
4. Weakness (20 items),
5. Anger (20 items),
6. Love (20 items),
7. Synergistic Integration (20 items),
8. Potentiation (20 items),
9. Being (20 items),
10. Trust in Humanity (20 items),
11. Creative Living (20 items),
12. Mission (20 items), and
13. Manipulation Awareness (20 items).

Covarient Measures

Pretest scores from the following scales of the Personal Orientation Dimensions inventory were used as covarient measures:

1. Time Orientation,
2. Core Centeredness,
3. Strength,
4. Weakness,
5. Anger,
6. Love,
7. Synergistic Integration,
8. Potentiation,
9. Being,
10. Trust in Humanity,
11. Creative Living,

12. Mission, and
13. Manipulation Awareness.

## Limitations of the Study

The following conditions might have been associated with the results of the present study:

1. the sample was not random,
2. the size of sample,
3. all information was self-reported, and
4. all subjects came from one university in Western Kansas.

## Methodology

### Setting

Fort Hays State University, located adjacent to the city of Hays, KS, is a regional university principally serving western Kansas, with a primary emphasis in the area of liberal education, including the arts, sciences, and fine arts.

### Subjects

Subjects were 11 students enrolled in an art therapy class. A total of 10 students completed usable pretests and posttests. The sample consisted of 9 females and 1 male. College enrollment status included 1 sophomore, 1 junior, 5 seniors, and 3 graduate students. Ages ranged from 19 to 36 years, with a mean age of 29.

One control group, an interpersonal communication class, consisted of 29 students. Twenty-three of those students completed usable pretests and posttests. Gender status included 11 females and 12 males. College enrollment status included 8 freshmen, 6 sophomores, 4 juniors, 4 seniors, and 1 undeclared. Ages ranged from 18 to 59, with a mean age of 24.

Another control group, a psychology class, consisted of 29 students, 14 of whom completed usable pretests and posttests. Of those, 9 were females and 5 were males. College enrollment status included 1 freshman, 3 sophomores, 5 juniors, 4 seniors, and 1 undeclared. Ages ranged from 19 to 43, with a mean age of 25.

Instrumentation

Two instruments were used. The instruments employed were a Background Information sheet and the Personal Orientation Dimensions inventory.

The Background Information sheet was developed by the present researcher (appendix A). The following areas were addressed: gender, college classification (grade level), major area of study, and class enrollment.

The Personal Orientation Dimensions (POD) inventory (Shostrom, 1975) was the instrument employed in the present study to measure change in self-awareness. This

inventory consists of 13 scales comprised of 20 items each. The inventory is self-administered, and takes approximately 30 minutes to complete. Each item is a 2-choice, paired opposite statement of comparative value of behavior judgement. Interpretation of the POD typically starts with profiles of percentile or standard scores, and may be followed by interpretations to clinical insights generated in response to specific scales and to individual items (Shostrom, 1977).

The Personal Orientation Dimensions inventory consists of 13 scales of measures of self-actualizing as described by Shostrom (1977, p. 2):

Orientation

Time Orientation: the capacity to live primarily in the present with full feeling-reactivity rather than blaming one's past or depending on future plans.

Core Centeredness: the tendency to trust one's feelings within as a criterion for behavior, as balanced against looking to "shoulds" or "oughts" from authorities outside oneself; the willingness to trust one's own "inner Supreme Court".

Polarities

Strength: the capacity to experience and

express a personal sense of power, security, worth, adequacy, or competence.

Weakness: the capacity to experience and express one's humaness, vulnerability, hurt, or helplessness; accepting one's occasional impotence and inadequacy to cope with life.

Anger: the capacity to experience and express one's feelings of anger in mild or in more intense ways, as appropriate to the situation or in accordance with one's reactions to a situation.

Love: the capacity to experience and express feelings of warmth, tenderness, or affection to different persons in different ways.

Integration

Synergistic Integration: the understanding that commonly held opposites, or polarities (strength-weakness, anger-love), are not really opposites, but rather are mutually complementary; realization their power as parts (as the strength of an alloy exceeds the strengths of component metals).

Potentiation: the understanding that no one principle, such as honesty or fairness, can control one's total life as represented by thinking, feelings, or bodily sensations; and further the understanding that the organism's potentials operate more fully as a total gestalt when there is a flexibility in application of values and when all three aspects of being are working harmoniously.

Awareness

Being: an orientation to life that includes the willingness to be or express whatever one feels, thinks, or senses within (such as joy, sorrow, helplessness, or boredom), as opposed to a "doing" orientation, which seeks to impress others by striving and pleasing.

Trust in Humanity: the ability to constructively view the nature of humanity as trustworthy and essentially good, as opposed to seeing human nature as essentially evil.

Creative Living: the capacity to be effective and innovative and become excited about decision, judgments, or tasks; the utilization

of unique or individual ways of problem solving.

Mission: a sense of dedication to a life task or mission; a belief in the importance of developing one's highest potentialities.

Manipulation Awareness: the capacity to recognize common manipulative, or controlling, patterns in others and also to admit that oneself, as well as others has a tendency to manipulate from time to time.

The Personal Orientation Dimensions (POD) inventory is a refinement and extension of the assessment of concepts of actualizing as measured by the Personal Orientation Inventory (Shostrom, 1966). According to Shostrom, the POD provides more precise measures of the concepts of humanistic psychology. Scales on the Personal Orientations Inventory which were demonstrated to have predictive and factorial validity were retained in the Personal Orientation Dimensions inventory and refined through rewriting and adding new items. The Personal Orientation Dimensions inventory scales of Creative Living, Mission, and Manipulation Awareness represent essentially new content (Shostrom, 1977).

The Personal Orientation Inventory (POI) was created in the late 1960's to meet the need of counselors and therapists for a comprehensive measure of the self-actualizing person (Shostrom, 1966). The scales on the POI cover areas important in personal development and interpersonal interaction, such as whether an individual is guided primarily by internalized principles and motivations or influenced by peer groups or other external forces. The POI also determines whether a subject lives primarily in the present with full awareness of idealized goals, plans, expectations, predictions and fears, or primarily in the past, with guilts, regrets, and resentments (Shostrom, 1966).

Shostrom (1976) reported that the POI, taken at the beginning of any therapeutic experience gives a "fix" on what the person thinks at the moment. As therapy progresses, the client feels emotions in relationship to others, and personal thoughts can be compared with these emotional experiences. Therapeutic growth would be indicated by an increase in awareness of self. The POI, taken again toward the end of therapy, should reflect greater honesty in expressing this increased awareness and provide a measure of changed awareness. Shostrom maintained that the POI is useful as a research instrument to measure change in all forms of therapeutic

interaction, including therapies based on different schools of thought and analysis in group experience.

Validation studies by Shostrom (1966) and Jones and Crandall (1991) indicated that the POI significantly discriminated between self-actualizing and nonself-actualizing individuals and groups, including clinical populations, alcoholics, high school students, teachers, college students and others.

The POI has been used as a pretest and posttest in a number of studies measuring change in self-actualizing following encounter group experiences (Shostrom, 1966), and with groups of college students in studies designed to foster increased levels of self-actualization and expansion of human awareness (Bordages, 1989; Foulds, 1970, 1971; Tloczynski, 1994). Brammer and Shostrom (1977) used the POI in counseling as a pretest and posttest to measure growth toward self-actualization. They found that POI scores increased during counseling. Jansen, Knapp, and Knapp (1976) and Jones and Crandall (1991) reported the POI, in a variety of settings, was sensitive to changes resulting from various treatments in individual and group therapy, including encounter, sensitivity, and marathon group experiences.

The instrument used in the present study, the Personal Orientation Dimensions (POD) inventory is described by Shostrom (1976) to be a measure of

intrapersonal self-actualizing. Shostrom emphasized the concept of a person's intrapersonal being, and the need to be in touch with one's self before being able to cope with the world.

Knapp and Knapp (1978) cited a number of studies demonstrating the validity of the Personal Orientation Dimensions inventory for predicting various criteria of actualizing behavior. Validation studies of the POD reported many POI items were retained and many scales were similar (Hattie, Hancock, & Brereton, 1984; Jansen, Knapp, and Michael, 1979; Jones & Crandall, 1991; Rofsky, Fox, Knapp, and Michael, 1977; Shostrom, 1977). Jansen, et al. (1976), in a validation study of the POD with alcoholic inpatients, demonstrated the sensitivity of the POD to changes in self-description. They interpreted the results as reflecting a significant movement toward greater actualizing following treatment. Bonk, Knapp, and Michael (1978), using the POD as a pretest and posttest measure, also found the POD scales to be sensitive in measuring change.

According to the Personal Orientation Dimensions Manual (Shostrom, 1977) test-retest coefficients based on POD administrations have been obtained from data collected by Walker. Test-retest reliability coefficients ranged from .53 to .79 on all POD subscales. (Appendix B)

Intercorrelations among the POD scales are generally positive. Intercorrelation between scales ranges from -.01 to +.62. (Appendix C)

Experimentation

Subjects in this study participated in an art therapy class for one semester, meeting in one three-hour session per week. Theories and techniques of art therapy as applied in therapeutic and educational settings were taught by a member of the university faculty, a certified art therapist. Each class included assignments and class activities designed to promote personal insight and self-examination.

Subjects in one control group were enrolled for one semester in fundamentals of interpersonal communication, taught by a graduate assistant, and meeting three times per week for 50 minutes. This class examined speech principles and practices relevant to effective person-to-person and small group communication, including activities designed for students to examine personal perceptions of self as well as others.

Subjects in another control group were enrolled in psychology of human motives, meeting three times per week for 50 minutes. This general education course focused on physiological reactions, and was taught by a university faculty member in lecture format only, with no emphasis on personal self-evaluation.

Design

A pretest posttest single-factor design was employed. The independent variables investigated were: participation status, college classification and age. The dependent variables were scores from the 13 scales of the Personal Orientation Dimensions inventory. The sample consisted of 47 subjects with 10 in art therapy, 23 in inter-personal communication, and 14 in psychology of human motives. Three null hypotheses were tested employing single-factor analysis of covariance.

McMillan and Schumacher (1989) cited 10 threats to internal validity. The 10 threats to internal validity were dealt with in the following ways in the present study:

1. history - did not pertain because a pretest, posttest design was employed;
2. selection - all students who completed pretest and posttest were included as subjects;
3. statistical regression - did not pertain because a pretest, posttest design was employed;
4. testing - did not pertain because a pretest, posttest design was employed;
5. instrumentation - did not pertain because a pretest, posttest design was employed;
6. mortality - all students who completed pretest

and posttest were included as subjects (22 did not take the posttest);

7. maturation - did not pertain because a pretest, posttest design was employed;
8. diffusion of treatment - two classes, art therapy and psychology of human motives, were taught by university faculty, while interpersonal communication was taught by a graduate assistant and the present researcher was not involved in any way;
9. experimenter bias - classes were taught by regular faculty, and the researcher administered copies of the inventory by standard procedures; and
10. statistical conclusion -one mathematical assumption was violated (random sample) and the researcher did not project beyond the statistical procedures employed.

McMillan and Schumacher (1989) cited 2 general categories of threats to external validity. The researcher dealt with these 2 threats in the following manner:

1. population external validity - sample not random, results should only be used with similar groups, and

2. ecological external validity - classes were taught by regular faculty or graduate assistant and data were collected by the researcher using standard procedures.

Data Collecting Procedure

At the beginning of a Fall semester, the present researcher asked students enrolled in the three separate classes (art therapy, interpersonal communication, psychology of human motives) to complete a Personal Orientation Dimensions (POD) inventory as a class assignment. Instructions for completing the POD were provided (Appendix D) with a request that each student use the last four numbers of their Social Security number instead of their name to maintain confidentiality. Each student also filled out a Background Information sheet (Appendix A). The POD inventory was self-administering, with items printed in a reusable booklet and responses recorded on a specially designed scoring sheet provided by the publisher. After 10 weeks of class sessions, the same measure was used as a posttest, with students required to complete the inventory using the same methodology.

Completed POD answer sheets were mailed to the publishing company (EdITS) for scoring. Group scores were returned from EdITS, with descriptive data including group means, variance, standard deviation, and

sums of scores. Individual subject scores and profiles were included and made available to each subject for feedback. This researcher was available for students requesting additional information about the results. Individual scores were analyzed by a main frame computer located at Fort Hays State University.

Research Procedure

The following steps were implemented:

1. a research topic was selected,
2. a search of the literature was made (ERIC, PsychLit, Psychological Abstracts [hard cover], Sociology Index),
3. letters were written to authors prominent in the field of art therapy for suggestions regarding the topic,
4. the instrument was selected,
5. permission was obtained from instructors,
6. a research proposal was developed,
7. the research proposal was defended before a thesis committee,
8. data were collected,
9. data were statistically analyzed,
10. the final thesis was written,
11. the final thesis was defended before the thesis committee, and
12. the final thesis was edited.

Data Analysis

The following were compiled:

1. appropriate descriptive statistics,
2. single-factor analysis of covarience, and
3. least square test of means.

## Results

The purpose of the researcher was to investigate self-awareness of university students enrolled in an art therapy class. The independent variables were: participation status, college classification, and age. The dependent variables were scores obtained from the Personal Orientation Dimensions inventory. The sample consisted of 47 students. Ages ranged from 18 to 59 years of age. Included was an art therapy class of 9 females and 1 male; 1 sophomore, 1 junior, 5 seniors, and 3 graduate students; a psychology of human motives class of 9 females and 5 males; 1 freshman, 3 sophomores, 5 juniors, 4 seniors, and 1 undeclared; and an interpersonal communication class of 11 females and 12 males; 8 freshmen, 6 sophomores, 4 juniors, 4 seniors, and 1 undeclared.

Three composite null hypotheses were tested at the .05 level of significance, employing a single-factor analysis of covariance. The results section was organized according to the composite null hypotheses for ease of reference. Information pertaining to each null hypothesis was presented in common format for ease of comparison.

It was hypothesized in composite null hypothesis number 1 that the differences among the adjusted post

mean Personal Orientation Dimensions scores (with pretest Personal Orientation Dimensions scores as the covariant measures) for university students according to participation status would not be statistically significant. Information pertaining to composite null hypothesis number 1 was presented in Table 1. The following were cited in Table 1: variables, group sizes, pretest means, pretest standard deviations, posttest means, posttest standard deviations, adjusted posttest means, $F$ values, and $p$ levels.

Table 1: A Comparison of Adjusted Posttest Mean Personal Orientation Dimensions Scores for University Students According to Type of Instruction Employing a Single-Factor Analysis of Covariance.

| Variable | n | Pre test M/S | Post test M/S | Adj. Posttest M* | F value | p level |
|---|---|---|---|---|---|---|
| Type of Instruction | | | Time Orientation** | | | |
| 1. Art Therapy | 10 | 14.1/3.28 | 15.2/2.49 | 15.4 | | |
| 2. Interpersonal Communication | 23 | 14.8/2.73 | 14.0/3.67 | 13.8 | 1.05 | .3603 |
| 3. Psychology of Human Motives | 14 | 14.1/2.66 | 14.3/2.58 | 14.4 | | |
| | | | Homogeneity of Regression | | 0.36 | .7018 |
| Type of Instruction | | | Core Centeredness | | | |
| 1. Art Therapy | 10 | 15.5/2.80 | 15.1/3.54 | 13.8 | | |
| 2. Interpersonal Communication | 23 | 12.7/3.38 | 14.0/3.10 | 14.9 | 0.72 | .4944 |
| 3. Psychology of Human Motives | 14 | 13.6/2.82 | 13.6/3.25 | 13.6 | | |
| | | | Homogeneity of Regression | | 0.45 | .6434 |
| Type of Instruction | | | Strength | | | |
| 1. Art Therapy | 10 | 14.1/3.96 | 14.1/4.84 | 13.6 | | |
| 2. Interpersonal Communication | 23 | 13.0/3.57 | 14.0/3.74 | 14.2 | 0.15 | .8601 |
| 3. Psychology of Human Motives | 14 | 13.4/4.62 | 14.2/3.24 | 14.2 | | |
| | | | Homogeneity of Regression | | 0.02 | .9780 |

(continued)

Table 1 (continued)

| Variable | n | Pre test M/S | Post test M/S | Adj. Posttest M* | F value | p level |
|---|---|---|---|---|---|---|
| Type of Instruction | | Weakness | | | | |
| 1. Art Therapy | 10 | 13.9/3.45 | 14.4/2.72 | 14.0 | | |
| 2. Interpersonal Communication | 23 | 12.7/2.84 | 13.1/2.29 | 13.5 | 0.45 | .6380 |
| 3. Psychology of Human Motives | 14 | 14.0/3.04 | 14.7/2.87 | 14.3 | | |
| | | Homogeneity of Regression | | | 2.35 | .1077 |
| Type of Instruction | | Anger | | | | |
| 1. Art Therapy | 10 | 10.4/4.86 | 10.3/2.87 | 11.3 | | |
| 2. Interpersonal Communication | 23 | 12.7/3.43 | 13.4/3.34 | 13.1 | 2.52 | .0922 |
| 3. Psychology of Human Motives | 14 | 12.8/3.89 | 14.0/3.62 | 13.7 | | |
| | | Homogeneity of Regression | | | 0.91 | .4123 |
| Type of Instruction | | Love | | | | |
| 1. Art Therapy | 10 | 13.8/2.30 | 14.2/2.70 | 14.1 | | |
| 2. Interpersonal Communication | 23 | 13.1/2.88 | 13.1/3.62 | 13.4 | 0.30 | .7393 |
| 3. Psychology of Human Motives | 14 | 14.5/2.53 | 14.5/2.56 | 14.0 | | |
| | | Homogeneity of Regression | | | 1.08 | .3504 |

(continued)

Table 1 (continued)

| Variable | n | Pre test M/S | Post test M/S | Adj. Posttest M* | F value | p level |
|---|---|---|---|---|---|---|
| Type of Instruction | | Synergistic Integration | | | | |
| 1. Art Therapy | 10 | 15.3/2.21 | 15.5/2.12 | 14.2 | | |
| 2. Interpersonal Communication | 23 | 13.0/1.94 | 12.7/2.82 | 13.1 | 0.95 | .3958 |
| 3. Psychology of Human Motives | 14 | 13.4/3.32 | 13.9/3.55 | 14.0 | | |
| | | Homogeneity of Regression | | | 1.80 | .1787 |
| Type of Instruction | | Potentiation | | | | |
| 1. Art Therapy | 10 | 11.8/4.08 | 10.1/2.77 | 9.4 | | |
| 2. Interpersonal Communication | 23 | 10.3/4.11 | 10.2/3.59 | 10.5 | 2.56 | .0889 |
| 3. Psychology of Human Motives | 14 | 10.7/4.23 | 11.4/3.46 | 11.4 | | |
| | | Homogeneity of Regression | | | 0.93 | .4035 |
| Type of Instruction | | Being | | | | |
| 1. Art Therapy | 10 | 14.8/2.62 | 13.7/2.00 | 13.1 | | |
| 2. Interpersonal Communication | 23 | 13.7/2.96 | 13.2/3.09 | 13.3 | 0.08 | .9241 |
| 3. Psychology of Human Motives | 14 | 13.4/2.86 | 13.1/4.05 | 13.5 | | |
| | | Homogeneity of Regression | | | 2.43 | .1007 |

(continued)

Table 1 continued

| Variable | n | Pre test M/S | Post test M/S | Adj. Posttest M* | F value | p level |
|---|---|---|---|---|---|---|
| Type of Instruction | | Trust in Humanity | | | | |
| 1. Art Therapy | 10 | 14.5/3.10 | 14.9/3.45 | 15.0 | | |
| 2. Interpersonal Communication | 23 | 14.8/2.63 | 15.1/2.41 | 15.0 | 0.05 | .9518 |
| 3. Psychology of Human Motives | 14 | 14.4/2.17 | 14.6/2.59 | 14.8 | | |
| | | Homogeneity of Regression | | | 1.84 | .1714 |
| Type of Instruction | | Creative Living | | | | |
| 1. Art Therapy | 10 | 14.9/2.38 | 14.7/1.89 | 14.6 | | |
| 2. Interpersonal Communication | 23 | 14.1/3.36 | 15.1/3.01 | 15.4 | 0.34 | .7118 |
| 3. Psychology of Human Motives | 14 | 15.6/1.99 | 15.3/3.02 | 14.9 | | |
| | | Homogeneity of Regression | | | 4.26 | .0209 |
| Type of Instruction | | Mission | | | | |
| 1. Art Therapy | 10 | 17.0/2.62 | 16.6/2.41 | 16.1 | | |
| 2. Interpersonal Communication | 23 | 16.0/2.47 | 16.6/2.83 | 17.0a | 3.37 | .0435 |
| 3. Psychology of Human Motives | 14 | 17.0/1.52 | 16.1/2.64 | 15.6b | | |
| | | Homogeneity of Regression | | | 0.67 | .5150 |

(continued)

Table 1 continued

| Variable | n | Pre test M/S | Post test M/S | Adj. Posttest M* | F value | p level |
|---|---|---|---|---|---|---|
| Type of Instruction | | | Manipulation Awareness | | | |
| 1. Art Therapy | 10 | 13.4/5.87 | 11.5/5.38 | 11.4 | | |
| 2. Interpersonal Communication | 23 | 12.7/4.02 | 11.1/4.53 | 11.6 | 0.04 | .9617 |
| 3. Psychology of Human Motives | 14 | 14.3/3.81 | 12.6/4.43 | 11.8 | | |
| | | | Homogeneity of Regression | | 0.03 | .9712 |

* The larger the value, the more actualizing the tendency.
** Each scale consisted of 20 items with possible scores from 0-20.
ab Difference statistically significant at .05 level according to the least square test of means.

One of the 13 p values was statistically significant at the .05 level; therefore, the null hypothesis for this comparison was rejected. The statistically significant comparison was for the independent variable type of instruction and the dependant variable Mission. The results cited in Table I indicated students who received interpersonal communication instruction had a statistically higher mean Mission score than those who received instruction in psychology of human motives. A higher Mission score could indicate that subjects in the interpersonal communication class tended to see themselves more as helpers, with a mission in life, and

dedicated to their work. Or it could indicate that subjects in the psychology of human motives class were more willing to admit that they had not yet found a mission in life to which they felt especially dedicated. The results for 12 of the 13 scales indicated the mathematical assumption of homogeneity of regression was met. The assumption of homogeneity of regression was not met for the Creative Living scale.

It was hypothesized in composite null hypothesis number 2 that the differences among the adjusted post mean Personal Orientation Dimensions scores (with pretest Personal Orientation Dimensions scores as the covariant measures) for university students according to college classification would not be statistically significant.

Information pertaining to composite null hypothesis number 2 was presented in Table 2. The following were cited in Table 2: variables, group sizes, pretest means, pretest standard deviations, posttest means, posttest standard deviations, adjusted posttest means, *F* values, and *p* levels.

Table 2: A Comparison of Adjusted Posttest Mean Personal Orientation Dimensions Scores for University Students According to College Classification Employing a Single-Factor Analysis of Covarience.

| Variable | n | Pre test M/S | Post test M/S | Adj. Posttest M* | F value | p level |
|---|---|---|---|---|---|---|
| College Classification | | Time Orientation | | | | |
| 1. Sophomore Junior | 2 | 11.0/4.24 | 12.0/1.41 | 13.1 | | |
| 2. Senior | 5 | 14.4/2.19 | 16.4/2.07 | 16.3 | 2.18 | .1940 |
| 3. Graduate | 3 | 15.7/4.04 | 15.3/2.08 | 14.8 | | |
| | | Homogeneity of Regression | | | 0.04 | .9630 |
| College Classification | | Core Centeredness | | | | |
| 1. Sophomore Junior | 2 | 11.5/2.12 | 15.5/2.12 | 19.6 | | |
| 2. Senior | 5 | 16.4/2.51 | 14.2/4.66 | 13.3 | 1.26 | .3498 |
| 3. Graduate | 3 | 16.7/0.58 | 16.3/2.52 | 15.1 | | |
| | | Homogeneity of Regression | | | 0.12 | .8873 |
| College Classification | | Strength | | | | |
| 1. Sophomore Junior | 2 | 8.0/0.00 | 8.0/2.83 | 10.5 | | |
| 2. Senior | 5 | 17.2/1.48 | 15.0/4.18 | 13.7 | 1.31 | .3362 |
| 3. Graduate | 3 | 13.0/1.73 | 16.7/4.16 | 17.1 | | |
| | | Homogeneity of Regression | | | 0.59 | .4778 |
| College Classification | | Weakness | | | | |
| 1. Sophomore Junior | 2 | 11.0/1.41 | 14.0/1.41 | 15.0 | | |
| 2. Senior | 5 | 15.0/4.12 | 13.4/2.97 | 13.0 | 1.47 | .3028 |
| 3. Graduate | 3 | 14.0/2.65 | 16.3/2.52 | 16.3 | | |
| | | Homogeneity of Regression | | | 0.43 | .6753 |

(continued)

Table 2 (continued)

| Variable | n | Pre test M/S | Post test M/S | Adj. Posttest M* | F value | p level |
|---|---|---|---|---|---|---|
| **College Classification** | | **Anger** | | | | |
| 1. Sophomore Junior | 2 | 8.0/1.41 | 8.0/1.41 | 8.7 | | |
| 2. Senior | 5 | 12.4/5.22 | 11.8/2.17 | 11.2 | 0.70 | .5337 |
| 3. Graduate | 3 | 8.7/5.51 | 9.3/3.79 | 9.9 | | |
| | | | Homogeneity of Regression | | 0.23 | .8731 |
| **College Classification** | | **Love** | | | | |
| 1. Sophomore Junior | 2 | 12.5/0.71 | 12.0/2.83 | 11.9 | | |
| 2. Senior | 5 | 14.2/2.68 | 14.6/2.61 | 14.6 | 0.69 | .5386 |
| 3. Graduate | 3 | 14.0/2.65 | 15.0/3.00 | 15.0 | | |
| | | | Homogeneity of Regression | | 2.19 | .2283 |
| **College Classification** | | **Synergistic Integration** | | | | |
| 1. Sophomore Junior | 2 | 14.0/0.00 | 16.0/0.00 | 16.6 | | |
| 2. Senior | 5 | 17.2/1.30 | 15.8/2.28 | 14.9 | 0.17 | .8475 |
| 3. Graduate | 3 | 13.0/0.00 | 14.7/2.89 | 15.7 | | |
| | | | Homogeneity of Regression | | *** | *** |
| **College Classification** | | **Potentiation** | | | | |
| 1. Sophomore Junior | 2 | 12.5/3.54 | 10.5/0.71 | 10.2 | | |
| 2. Senior | 5 | 11.4/4.62 | 8.8/1.64 | 9.0 | 1.90 | .2288 |
| 3. Graduate | 3 | 12.0/5.00 | 12.0/4.36 | 11.9 | | |
| | | | Homogeneity of Regression | | 1.78 | .2794 |

(continued)

Table 2 (continued)

| Variable | n | Pre test M/S | Post test M/S | Adj. Posttest M* | F value | p level |
|---|---|---|---|---|---|---|
| College Classification | | Being | | | | |
| 1. Sophomore Junior | 2 | 13.5/3.54 | 13.5/0.71 | 13.8 | | |
| 2. Senior | 5 | 16.0/2.55 | 13.6/2.88 | 13.4 | 0.10 | .9031 |
| 3. Graduate | 3 | 13.7/2.08 | 14.0/1.00 | 14.2 | | |
| | | Homogeneity of Regression | | | 0.05 | .9544 |
| College Classification | | Trust in Humanity | | | | |
| 1. Sophomore Junior | 2 | 12.5/2.12 | 15.5/2.12 | 17.5 | | |
| 2. Senior | 5 | 14.8/4.08 | 15.0/4.80 | 14.7 | 1.66 | .2673 |
| 3. Graduate | 3 | 15.3/1.53 | 14.3/2.08 | 13.5 | | |
| | | Homogeneity of Regression | | | 0.06 | .9443 |
| College Classification | | Creative Living | | | | |
| 1. Sophomore Junior | 2 | 13.5/3.54 | 14.5/0.71 | 14.0 | | |
| 2. Senior | 5 | 16.6/0.89 | 14.2/2.59 | 14.8 | 0.14 | .8682 |
| 3. Graduate | 3 | 13.0/1.73 | 15.7/0.58 | 15.0 | | |
| | | Homogeneity of Regression | | | 3.86 | .1164 |
| College Classification | | Mission | | | | |
| 1. Sophomore Junior | 2 | 15.0/2.83 | 14.0/1.41 | 15.5 | | |
| 2. Senior | 5 | 17.4/3.13 | 17.2/2.49 | 16.9 | 1.51 | .2948 |
| 3. Graduate | 3 | 17.7/1.53 | 17.3/2.08 | 16.8 | | |
| | | Homogeneity of Regression | | | 0.71 | .5448 |

(continued)

Table 2 (continued)

| Variable | n | Pre test M/S | Post test M/S | Adj. Posttest M* | F value | p level |
|---|---|---|---|---|---|---|
| College Classification | | | Manipulation Awareness | | | |
| 1. Sophomore Junior | 2 | 15.0/2.83 | 13.0/2.83 | 11.6 | | |
| 2. Senior | 5 | 14.4/6.12 | 10.6/4.62 | 10.1 | 3.77 | .0871 |
| 3. Graduate | 3 | 11.3/8.14 | 12.0/8.89 | 13.8 | | |
| | | | Homogeneity of Regression | | 1.86 | .2681 |

* The larger the value, the more actualizing the tendency.
** Each scale consisted of 20 items with possible scores from 0-20.
*** Analysis could not be made due to the nature and size of the sample.

None of the 13 p values was statistically significant at the .05 level, therefore, the null hypotheses for these comparisons were retained. The results cited in Table 2 indicated no associations between the independent variable and the dependent variables. The results of the 12 scales for which homogeneity of regression could be ascertained indicated the mathematical assumption was met.

It was hypothesized in composite null hypothesis number 3 that the differences among the adjusted post mean Personal Orientation Dimensions scores (with pretest Personal Orientation Dimensions scores as the covariant measures) for university students according to age would not be statistically significant.

Information pertaining to composite null hypothesis number 3 was presented in Table 3. The following were cited in Table 3: variables, group sizes, pretest means, pretest standard deviations, posttest means, posttest standard deviations, adjusted posttest means, *F* values, and *p* levels.

Table 3: A Comparison of Adjusted Posttest Mean Personal Orientation Dimensions Scores for University Students According to Age Employing a Single-Factor Analysis of Covariance.

| Variable | n | Pre test M/S | Post test M/S | Adj. Posttest M* | F value | p level |
|---|---|---|---|---|---|---|
| **Time Orientation** | | | | | | |
| Age | | | | | | |
| 1. 21 or younger | 3 | 13.3/4.73 | 14.7/4.04 | 15.1 | | |
| 2. 22-29 | 3 | 15.7/4.04 | 15.3/2.08 | 14.5 | 1.07 | .4110 |
| 3. 30 and older | 3 | 13.3/2.08 | 16.3/1.53 | 16.8 | | |
| Homogeneity of Regression | | | | | 0.41 | .6957 |
| **Core Centeredness** | | | | | | |
| Age | | | | | | |
| 1. 21 or younger | 3 | 15.0/4.36 | 13.7/5.51 | 14.0 | | |
| 2. 22-29 | 3 | 16.7/0.58 | 16.3/2.52 | 15.9 | 0.15 | .8625 |
| 3. 30 and older | 3 | 15.7/3.21 | 14.7/3.51 | 14.7 | | |
| Homogeneity of Regression | | | | | 0.42 | .6893 |
| **Strength** | | | | | | |
| Age | | | | | | |
| 1. 21 or younger | 3 | 14.3/5.51 | 10.3/5.86 | 10.6 | | |
| 2. 22-29 | 3 | 13.0/1.73 | 16.7/4.16 | 17.8 | 2.51 | .1757 |
| 3. 30 and older | 3 | 17.0/2.00 | 16.7/2.08 | 15.2 | | |
| Homogeneity of Regression | | | | | 0.27 | .7809 |

(continued)

Table 3 (continued)

| Variable | n | Pre test M/S | Post test M/S | Adj. Posttest M* | F value | p level |
|---|---|---|---|---|---|---|
| | | | Weakness | | | |
| Age | | | | | | |
| 1. 21 or younger | 3 | 14.7/4.16 | 12.0/1.73 | 11.8 | | |
| 2. 22-29 | 3 | 14.0/2.65 | 16.3/2.52 | 16.4 | 2.88 | .1469 |
| 3. 30 and older | 3 | 13.7/5.13 | 14.7/3.06 | 14.8 | | |
| | | | Homogeneity of Regression | | 4.58 | .1227 |
| | | | Anger | | | |
| Age | | | | | | |
| 1. 21 or younger | 3 | 14.3/6.43 | 12.0/2.65 | 10.6 | | |
| 2. 22-29 | 3 | 8.7/5.51 | 9.3/3.79 | 10.1 | 0.23 | .8048 |
| 3. 30 and older | 3 | 8.7/1.15 | 10.7/2.08 | 11.4 | | |
| | | | Homogeneity of Regression | | 0.32 | .7488 |
| | | | Love | | | |
| Age | | | | | | |
| 1. 21 or younger | 3 | 15.7/2.52 | 13.7/2.52 | 13.4 | | |
| 2. 22-29 | 3 | 14.0/2.65 | 15.0/3.00 | 15.0 | 0.31 | .7486 |
| 3. 30 and older | 3 | 12.3/0.58 | 15.3/2.31 | 15.6 | | |
| | | | Homogeneity of Regression | | 0.92 | .4886 |
| | | | Synergistic Integration | | | |
| Age | | | | | | |
| 1. 21 or younger | 3 | 16.3/2.08 | 14.7/2.31 | 14.7 | | |
| 2. 22-29 | 3 | 13.0/0.00 | 14.7/2.89 | 14.7 | 0.67 | .5503 |
| 3. 30 and older | 3 | 17.0/1.73 | 17.0/1.00 | 17.0 | | |
| | | | Homogeneity of Regression | | 0.34 | .5898 |

(continued)

Table 3 (continued)

| Variable | n | Pre test M/S | Post test M/S | Adj. Posttest M* | F value | p level |
|---|---|---|---|---|---|---|
| | | | Potentiation | | | |
| Age | | | | | | |
| 1. 21 or younger | 3 | 13.7/4.73 | 9.7/1.53 | 8.7 | | |
| 2. 22-29 | 3 | 12.0/5.00 | 12.0/4.36 | 11.8 | 1.39 | .3306 |
| 3. 30 and older | 3 | 8.7/1.53 | 8.3/1.53 | 9.6 | | |
| | | | Homogeneity of Regression | | 2.25 | .2527 |
| | | | Being | | | |
| Age | | | | | | |
| 1. 21 or younger | 3 | 15.3/3.79 | 12.0/1.73 | 11.9 | | |
| 2. 22-29 | 3 | 13.7/2.08 | 14.0/1.00 | 14.2 | 1.91 | .2423 |
| 3. 30 and older | 3 | 15.0/3.00 | 15.0/2.65 | 15.0 | | |
| | | | Homogeneity of Regression | | 3.98 | .1431 |
| | | | Trust in Humanity | | | |
| Age | | | | | | |
| 1. 21 or younger | 3 | 14.3/3.51 | 14.3/5.51 | 14.9 | | |
| 2. 22-29 | 3 | 15.3/1.53 | 14.3/2.08 | 13.9 | 0.59 | .5891 |
| 3. 30 and older | 3 | 15.0/4.58 | 16.3/3.79 | 16.2 | | |
| | | | Homogeneity of Regression | | 0.37 | .7191 |
| | | | Creative Living | | | |
| Age | | | | | | |
| 1. 21 or younger | 3 | 16.7/1.15 | 13.0/2.65 | 14.2 | | |
| 2. 22-29 | 3 | 13.0/1.73 | 15.7/0.58 | 13.5 | 3.04 | .1370 |
| 3. 30 and older | 3 | 16.3/0.58 | 15.7/1.15 | 16.6 | | |
| | | | Homogeneity of Regression | | 4.07 | .1397 |

(continued)

Table 3 (continued)

| Variable | n | Pre test M/S | Post test M/S | Adj. Posttest M* | F value | p level |
|---|---|---|---|---|---|---|
| | | | Mission | | | |
| Age | | | | | | |
| 1. 21 or younger | 3 | 16.0/3.61 | 15.7/3.06 | 16.9 | | |
| 2. 22-29 | 3 | 17.7/1.53 | 17.3/2.08 | 17.2 | 0.04 | .9570 |
| 3. 30 and older | 3 | 18.7/1.15 | 18.0/1.00 | 17.0 | | |
| | | | Homogeneity of Regression | | 0.13 | .8797 |
| | | | Manipulation Awareness | | | |
| Age | | | | | | |
| 1. 21 or younger | 3 | 17.7/2.08 | 13.3/1.53 | 9.2 | | |
| 2. 22-29 | 3 | 11.3/8.14 | 12.0/8.89 | 14.1 | 4.20 | .0851 |
| 3. 30 and older | 3 | 11.3/6.66 | 9.3/6.03 | 11.4 | | |
| | | | Homogeneity of Regression | | 1.96 | .2850 |

* The larger the value, the more actualizing the tendency.

** Each scale consisted of 20 items with possible scores from 0-20.

None of the 13 p values was statistically significant at the .05 level, therefore, the null hypotheses for these comparisons were retained. The results cited in Table 3 indicated no associations between the independent variable and the dependent variables. The results of the 13 scales for which homogeneity of regression could be ascertained indicated the mathematical assumption was met.

# Discussion

## Summary

The purpose of the researcher was to investigate self-awareness of university students enrolled in an art therapy class. The independent variables were: participation status, university classification, and age. The dependent variables were scores obtained from the Personal Orientation Dimensions inventory. The sample consisted of 47 students with an age range of 18 to 59 years. Included was an art therapy class of 9 females and 1 male; 1 sophomore, 1 junior, 5 seniors, and 3 graduate students; a psychology of human motives class of 9 females and 5 males; 1 freshman, 3 sophomores, 5 juniors, 4 seniors; and 1 undeclared; and an interpersonal communication class of 11 females and 12 males; 8 freshmen, 6 sophomores, 4 juniors, 4 seniors, and 1 undeclared. Three composite null hypotheses were tested at the .05 level of significance, employing a single-factor analysis of covariance.

Of the 39 comparisons made, 1 was statistically significant at the .05 level. The statistically significant comparison was for the independent variable type of instruction and the dependent variable Mission. The results indicated students who received interpersonal communication instruction had a statistically

higher mean Mission score than those who received instruction in psychology of human motives. The mathematical assumption homogeniaty of regression was met for 38 of the comparisons. Due to the nature of the data and the size of the sample, 1 of the analysis for homogeneity of regression could not be completed.

Researchers Opinion Pertaining to Results

The results of this study indicated no significant change overall in self-actualization or self-awareness as measured by the Personal Orientations Dimensions (POD) inventory in the three groups during the time between pre- and posttest. According to Shostrom (1966) the POD discriminates between individuals who have attained a relatively high level of actualizing from those who do not indicate such development. It is possible that the subjects used in this study, students enrolled in university classes, were a population already functioning at what Shostrom might consider a high level of actualizing, and thus would show no change in self-awareness on the POD. In addition, Shostrom maintained that a self-actualizing person is one who is more fully functioning, lives a more enriched life than does the average person, and develops and uses their talents to the fullest extent. It is possible that students enrolled in university classes, such as those subjects in this study, may fit the above description;

that is, are more fully functioning and are using and developing their talents. If so, then scores on a test measuring self-actualization could remain relatively the same as occurred in this study. It is also possible that one semester of an art therapy class may not be enough time to bring about a significant change in self-awareness.

According to Shostrom (1977) those people with a higher Mission score would tend to see themselves as a helper, with a mission in life, and dedicated to their work. As indicated, subjects in the interpersonal communication class had a statistically higher mean Mission score than those enrolled in psychology of human motives. Such scores might indicate that the subjects in the interpersonal communication class saw themselves as highly dedicated, or it might indicate that those enrolled in psychology of human motives were more willing to admit that they had not yet found a mission in life to which they felt especially dedicated.

It is suggested that future attempts of a study such as this might be better measured with an instrument other than the POD. The POD is a lengthy inventory, taking an average of 45 minutes or more to complete and because of this, subjects may have beeen less motivated to complete the inventory accurately, particularly when having to complete it twice in one semester.

This study was an attempt, possibly the first, to empirically measure the effects of an art therapy class in enhancing self-awareness. Past research using the Personal Orientation Dimensions inventory has examined clinical populations such as alcoholic inpatients, or subjects participating in short-term programs focused on "self-actualization". Such subjects, participating in structured, confrontive therapy emphasizing change in self-understanding, might be more likely to reveal significant changes on the POD that the normal population of university subjects used in this study.

Most research in art therapy has been made up of case studies, with progress in therapy as the measurable outcome, rather than the use of inferential data. The late Jim Costigan advised this researcher, during the initial stages of the present study, that the empirical method rarely discovers phenomenological gains, such as the measure of self-awareness desired in this study. However, according to Dr. Costigan, because it cannot be measured does not mean it is not there; "perhaps one must go look, and see what has happened".

Generalizations

The results of the present study appeared to support the following:

1. no association between participation status of

college students in an art therapy class and self-awareness,

2. no association between college classification (sophomore, junior, senior, graduate) and self-awareness for those participating in an art therapy class, and
3. no association between age and self-awareness for those participating in an art therapy class.

Implications

While this study revealed no measurable significant increases in self-awareness, it is hoped that it has provided valuable information about the field of art therapy. Enrollment in an art therapy class could be beneficial to students wishing to expand personal self-awareness, as well as to students planning to work in the social sciences fields, particularly in psychology and counseling, where a knowledge of self is advantageous and necessary, as well as the knowledge of the process involved in reaching that goal. According to McNiff (1981), psychoanalytic training involves experiencing the process of oneself before beginning to involve other people, and expressive therapy training such as art therapy places great emphasis on learning that process.

Denny (1969a, 1969b) suggested that a broad range of students could profit from an art therapy approach if it were initiated in schools and colleges. Denny maintained that there is a need to look at the art of students with developmental and situational problems who are seeking help from university counseling centers, as well as with normal students desiring to know themselves better. Silver (1978) wrote that it might be worthwhile to consider expanding master's degree programs, combining art therapy, special education courses, and studio art, where each field could benefit, thus providing broader contribution to human development. Hodnett (1973) suggested that therapy methods and the rationale of psychology, one of man's newest disciplines, be added to the arts, the oldest of all man's self-expressive activities, to provide an effective service for mankind.

Recommendations

The results of the present study appeared to support the following:

1. the present study should be replicated with a large random sample,
2. the present study should be replicated in a variety of classes related to art therapy,
3. the present study should be replicated in other university settings,

4. the present study should be replicated using a different instrument for measurement, and
5. the present study should be replicated to examine subjects' openness of expression and willingness to share feelings and discuss personal issues.

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# APPENDIX A

## Background Information Sheet

## BACKGROUND INFORMATION

Last four numbers of your Social Security number or student identification number _____

Male -- Female (circle one)

Grade Level --Freshman Sophomore Junior Senior Grad
Other _____

Major area of study -- _____

Have your completed any of the following classes before this semester, or are you currently enrolled in --

General Psychology _____

Fundamentals of Interpersonal Communication_____

Psychology of Human Motives _____

Art Therapy _____

If so, please circle and note the semester completed or present enrollment.

# APPENDIX B

## Test Retest Reliability of Personal Orientation Dimensions Inventory Scales

Reliability of Personal Orientation Dimensions Scales

| POD Scales | One Week (N=40) | Three Months (N=46) |
|---|---|---|
| Time Orientation | .68 | .68 |
| Core Centeredness | .73 | .67 |
| Strength | .75 | .55 |
| Weakness | .53 | .72 |
| Anger | .65 | .70 |
| Love | .67 | .57 |
| Synergistic Integration | .75 | .69 |
| Potentiation | .79 | .70 |
| Being | .65 | .59 |
| Trust in Humanity | .77 | .71 |
| Creative Living | .67 | .60 |
| Mission | .70 | .71 |
| Manipulation Awareness | .61 | .63 |

Shostrom, 1977, p. 6

# APPENDIX C

## Intercorrelations Among Personal Orientation Dimensions Inventory Scales

## Intercorrelations Among Personal Orientation Dimensions Scales

| | CC | S | W | A | L | SI | PO | BE | TH | CL | MI | MA |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Time Orientation | 36 | 48 | 50 | 22 | 32 | 43 | 03 | 15 | 45 | 34 | 45 | -20 |
| Core Centeredness | | 43 | 42 | 41 | 38 | 45 | 31 | 33 | 43 | 44 | 30 | -01 |
| Strength | | | 25 | 46 | 51 | 40 | -08 | -05 | 34 | 49 | 50 | -01 |
| Weakness | | | | 28 | 37 | 46 | 15 | 39 | 40 | 32 | 40 | -05 |
| Anger | | | | | 51 | 28 | 33 | 34 | 19 | 41 | 41 | 36 |
| Love | | | | | | 49 | 12 | 15 | 43 | 54 | 59 | 07 |
| Synergistic Integration | | | | | | | 25 | 36 | 45 | 56 | 36 | 07 |
| Potentiation | | | | | | | | 53 | -02 | -03 | -18 | 09 |
| Being | | | | | | | | | 15 | 19 | 15 | 27 |
| Trust in Humanity | | | | | | | | | | 49 | 54 | -19 |
| Creative Living | | | | | | | | | | | 62 | 12 |
| Mission | | | | | | | | | | | | 10 |
| Manipulation Awareness | | | | | | | | | | | | |

Shostrom, 1977, p. 7

# APPENDIX D

## Instructions for Completing Personal Orientation Dimensions Inventory

INSTRUCTIONS -- (given verbally by the researcher)

You are being asked to fill out a questionnaire called a Personal Orientation Dimensions inventory, known as the POD, for short. It is designed to measure attitudes you may have about yourself and the people around you.

The first sheet I am passing out is a Background Information sheet. Please use the last four numbers of your Social Security number for identification purposes, both on this sheet and on the answer sheet I will be giving you. If you would like to know the results of your questionnaire, the information from your own POD will be shared individually with you later in the semester and you will need to be able to identify your answer sheet using those numbers.

Are there any questions about the Background Information sheet?

This next sheet is the answer sheet for the POD. Please fill in the information on the right side of the sheet. You do not have to put your name. Fill in the section marked Session, as ____ (First or Second) . The Test Date is _____. Fill in your own Birthdate. For the Identification Number, please use the last four numbers of your Social Security number, which should be the same as those on your Background Information sheet.

Are there any questions about what I have asked you to do so far?

The booklet I am handing to you now contains the questions for the POD. Before you begin, I would like to go over the directions on the front cover.

DIRECTIONS:

This inventory consists of pairs of numbered statements. Read each statement and decide which of the two paired statements most consistently applies to you.

You are to mark your answers on the answer sheet you have. Look at the example of the answer sheet shown at the right. If the first statement of the pair is TRUE or MOSTLY TRUE as applied to you, blacken between the lines in the column headed "a". If the second statement of the pair is TRUE or MOSTLY TRUE as applied to you, blacken between the lines in the column headed "b". Remember to give YOUR OWN opinion of yourself and do not leave any blank spaces if your can avoid it.

In marking your answers on the answer sheet, be sure that the number of the statement agrees with the number on the answer sheet. Make your marks heavy and black. Erase completely any answer you wish to change. Do not make any marks in this booklet.

Remember, try to make some answer to every statement. (Shostrom, 1975).

It takes about 30 minutes to complete the questionnaire, but may take longer for some people.

I encourage you to be honest with your answers and try to answer all of them. The purpose of this questionnaire is to get to know more about yourself. The results will be confidential, and will be discussed with each of you, individually, later in the semester.

Are there any questions concerning the directions?

Please put your Background Information sheet and your POD answer sheet inside the test booklet when you are finished.